



V. LOUISIANA STATE HEALTH CARE SYSTEM



A. ANALYSIS OF HEALTH CARE IN LOUISIANA

A 1999 national report by ReliaStar Financial, formerly Northwestern National Life, shows Louisiana at the bottom of the list of healthiest states. Louisiana's 50th ranking is similar to its ranking of 48th and 49th the last two years. The report is based on 17 criteria, including disease rate, access to health care, occupational safety and disability, crime rate, motor vehicle death rate, and other mortality rates and data from 1998. Louisiana's ranking as the most unhealthy state stems from its high violent crime rate, high unemployment, poor access to primary care, high number of limited activity days, high rate of heart disease, high total mortality and high premature death. Louisiana ranks in the bottom 10 on 10 of the 17 measures. Support for public health care has increased from 35 percent to 12 percent below the national average but still lags behind other states. Since 1990, Louisiana has failed to match national improvements in prevalence of smoking and has seen an increased risk of heart disease, the report says.

A major explanation for Louisiana's poor health status is the lack of access to routine and preventive health care. In *Health Care State Rankings for 1999*¹, Louisiana ranked 50th, worst in the nation in health indicators. According to this report, Louisiana ranked 1st in the nation in diabetes death rate (37.4 deaths per 100,000 population) and 2nd in the percent of births by cesarean section (26.4% of live births). Louisiana's performance related to prenatal care is dismal, with Louisiana ranking 1st in the percentage of low birth weight babies (10.1% of live births), 9th in the rate of neonatal deaths (5.6 neonatal deaths per 1,000 live births), and 6th in the rate of infant mortality (9.1 infant deaths per 1,000 live births). Louisiana ranks 12th in the percent of women receiving late or no prenatal care and 30th in the percent of African-American women receiving prenatal care in the first trimester. Similarly, Louisiana's breast cancer and cervical cancer rates for African-American women exceed the national rates. The rate for white women is generally below the national norm.

Accessibility and availability of primary care practitioners (family practice, general practice, internal medicine, pediatrics, and obstetrics/gynecology) also pose a significant problem in the delivery of health care in the state. As of January 2000, the BUREAU OF HEALTH CARE DELIVERY AND ASSISTANCE recognizes 77 primary care shortage areas in the state: 28 geographic areas, 21 population groups, 19 sub-areas, and 9 facilities. Of the 28 whole-parish designations, 26 are non-metropolitan parishes.

In lieu of a primary care physician, many people seek care at hospital emergency rooms. In 1997 Louisiana ranked 14th highest nationally in the number of emergency outpatient visits to community hospitals. There were 2,198,306 emergency outpatient visits to hospitals in Louisiana, as compared with the national average of 92,819,892 visits.

In addition to confirming the shortage among physicians and nurses, other occupations identified as posing a general supply problem in the state include dentists (in *Health Care State Ranking 1999*, American Dental Association statistics report 44 dentists per 100,000 population in Louisiana in 1998 - lower than the national rate of 60), hygienists, physician assistants, pharmacists, nutritionists, audiologists, social workers, public health personnel, physical therapists, and medical technologists.

Louisiana has attempted to address the problems associated with health professional shortages over the years in many ways. State schools of medicine, nursing schools, and schools of allied health professions have been mandated to cooperate, in collaboration with the Louisiana Area

¹ Morgan, K.O. and Morgan, S. (Eds.) 1999. *Health Care State Rankings 1999: Health Care in the 50 United States*. (7th Ed.) Lawrence, KS: Morgan Quitno Press.



Health Education Centers, to improve and expand programs for non-metropolitan and other health professional shortage areas. Hundreds of thousands of dollars of state funds have in the past been allocated to capture federal dollars for professional development initiatives, including scholarship programs for students who will return to health professional shortage areas, and loan repayment programs for medical professionals to practice in shortage areas in exchange for payment of professional education loans. However, during FY 98/99 only continuation funding was appropriated to continue the contracts with the health care providers through the State Loan Repayment Program (SLRP). The SLRP is a program with federal dollars that match the state investment in recruitment and retention of health care providers to serve underserved people.

Louisiana **must continue** aggressively to attack the health professional shortage problem to meet the existing health needs of its residents. Lack of access to appropriate care in their communities is resulting in many ill persons becoming patients at state hospitals. These same individuals could be served better if there were more outpatient primary care facilities available and accessible in their own areas. Ensuring appropriate and adequate primary care facilities can take place only if there are available physicians, nurses, and other health care professional to staff the facilities, and state financing to support these providers.

**B. LOUISIANA HEALTH CARE STATISTICS²**

<i>Percent of State Population Receiving Medicaid in 1997</i>	
Alabama	12.6%
Arkansas	14.7%
Louisiana	17.1%
Mississippi	18.5%
Texas	13.1%
United States	12.5%
<i>Percent of State Population Not Covered by Health Insurance in 1997</i>	
Alabama	15.5%
Arkansas	24.4%
Louisiana	14.9%
Mississippi	20.1%
Texas	24.5%
United States	16.1%
<i>Number of Emergency Outpatient Visits to Hospitals in 1997</i>	
Alabama	1,987,378
Arkansas	996,491
Louisiana	2,198,306
Mississippi	1,442,454
Texas	6,296,427
United States	92,819,892
<i>Percent of State Population Enrolled in Medicare in 1998</i>	
Alabama	15.2%
Arkansas	17.0%
Louisiana	13.6%
Mississippi	14.8%
Texas	10.9%
United States	13.9%
Number of Health Maintenance Organizations (HMOs), Louisiana 1995/1997 ³	14 / 26
Percent of Population Enrolled in HMOs, Louisiana 1997	16.6%
Number of Preferred Provider Organizations (PPOs), Louisiana 1994/1995	30 / 26
Percent of Population Enrolled in a PPO, Louisiana 1993/1994	15.5% / 44.2%
Number of Nurses, Louisiana 1997 ⁴	40,484
Number of Nurse Practitioners, Louisiana 1997 ⁵	465

² Morgan, K.O. Morgan, S. and Uhlig, M. (Eds.). 1999. *Health Care State Rankings 1999: Health Care in the 50 United States*.

(7th Ed.) Lawrence, KS: Morgan Quitno Press.

³ Health Resources Management, Office of Public Health.^{4,5} Louisiana Board of Nursing



C. LOUISIANA HEALTH CARE ACCESS

Number of Hospitals and Beds Louisiana, 1998		
Type of Hospital	Hospitals	Beds
Acute	117	20,333
Children's	2	246
Critical Access	1	25
Long Term	21	1,622
Psychiatric	18	2,408
Rehabilitation	15	542

Source: Health Resource Management, Office of Public Health

Health Facilities Louisiana, 1998	
Type of Facility	Number
Alcohol/Drug Abuse Facilities	72
Community Health Centers	23
State Developmental Centers	9
Hospitals	174
Mental Health Clinics	43
Rural Health Clinics	61
Public Health Units	109

Source: Health Resource Management, Office of Public Health

Nursing Home Statistics Louisiana, 1998	
Number of Nursing Homes	352
Number of Beds	
Licensed Beds	40,953
Medicaid	37,697
Average Occupancy (Medicaid)	80.9%

Source: Louisiana Board of Nursing

Lack of Access to Primary Care* Louisiana, Neighboring States, and United States, 1998		
State	Percent	Rank**
Alabama	19.5	6
Arkansas	12.4	18
Louisiana	24.1	1
Mississippi	22.1	2
Texas	11.1	21
United States	9.6	-

*Lack of Access to Primary Care measures the percent of population areas where the population is underserved by primary care practitioners residing in designated Health Manpower Shortage Areas.

**Rank reflects worst (lowest) to best (highest)

Source: Morgan, K.O. and Morgan, S (Eds.). 1999. Health Care State Rankings 1999: Health Care in the 50 United States. (7th Ed.) Lawrence, KS: Morgan Quitno Press.



D. MEDICAID

Medicaid, or Title XIX of the Social Security Act, became law in 1965 as a jointly funded cooperative venture between the federal and state governments. Its purpose was to assist states in the provision of adequate medical care to eligible individuals and families with low incomes and resources. Within broad, federally provided national guidelines, Louisiana has autonomy in establishing its own eligibility standards; determining the type, amount, duration, and scope of services; setting the rate of payment for services; and administering its own program.

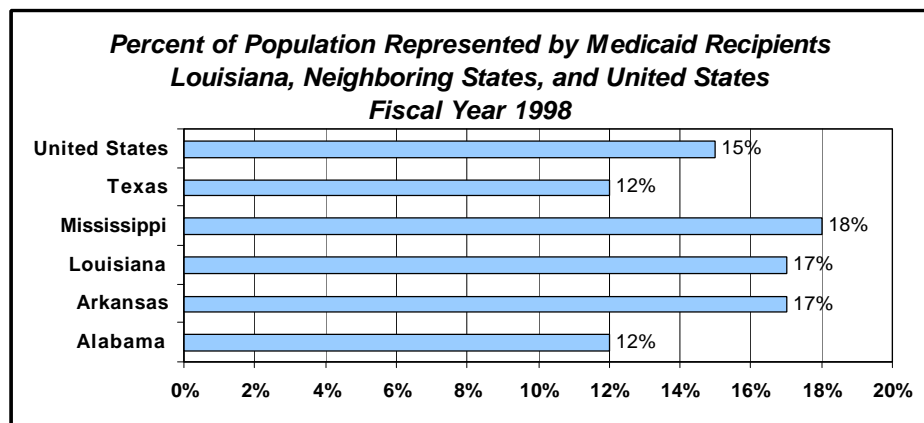
As the largest provider of medical and health-related services to America's poorest people, Medicaid includes funding for these basic health care programs: inpatient and outpatient hospital services; laboratory and X-ray services; skilled nursing and home health services; doctors' services; family planning; and periodic health checkups, diagnoses, and treatments for children.

Medicaid recipients fall into several categories of eligibility: the aged, blind and disabled people on Supplemental Security Income, certain low-income pregnant women and children, and people who have very high medical bills. In fiscal year 1998, over 720,000 Louisianians benefited from services provided through Medicaid funding.

Number of Medicaid Recipients by Basis of Eligibility Louisiana, Neighboring States, and United States, Fiscal Year 1998						
State	Total Number of Recipients	Age 65 and Older	Blind/ Disabled	Children	Adults	Other/ Unknown
Alabama	527,078	64,651	145,892	262,547	48,049	5,939
Arkansas	424,727	50,746	96,507	179,405	85,023	13,046
Louisiana	720,615	93,838	160,544	345,723	120,369	141
Mississippi	485,767	60,567	131,439	218,491	61,217	14,053
Texas	2,324,810	301,368	288,293	1,327,276	391,786	16,087
United States	40,649,482	3,964,223	6,637,980	18,309,145	7,907,935	3,830,199

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1998

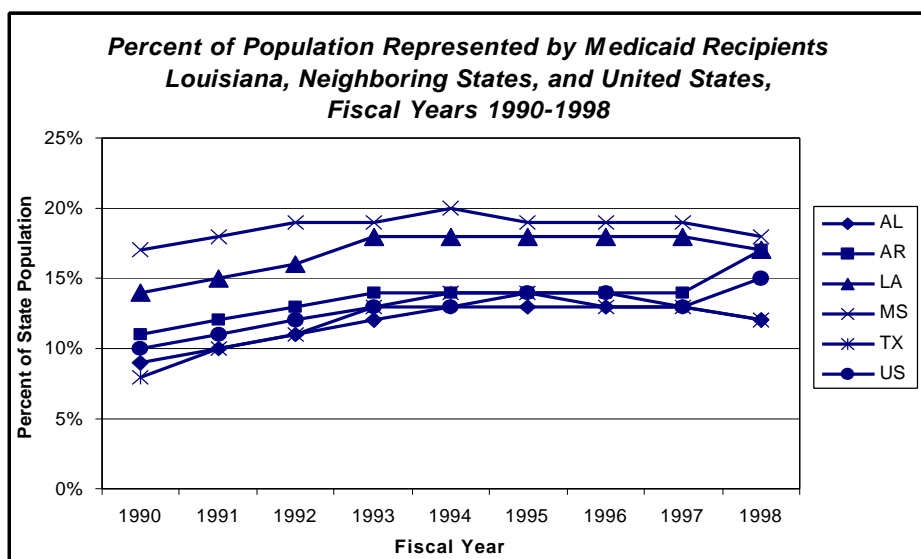
The total number of Medicaid recipients in Louisiana in fiscal year 1998 is the equivalent of 17% of the state's population, a figure approximately 2% higher than that seen in most other south-central states and in the nation as a whole.



Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1998.



The percentage of Louisiana's population represented by Medicaid beneficiaries has decreased slightly from a plateau of 18% from 1993 to 1997. Among the south-central states, only Mississippi has had a higher percentage of its population represented by Medicaid beneficiaries.



Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1998.

Of Louisiana Medicaid medical care recipients in fiscal year 1998, 61.4% were female and 38.6% were male. These figures are similar to those seen in other south-central states. For the United States as a whole, 60.3% of recipients were female and 39.7% were male.

Number and Percent of Medicaid Recipients of Medical Care by Sex Louisiana, Neighboring States, and United States, Fiscal Year 1998				
State	Male		Female	
	Number	Percent*	Number	Percent*
Alabama	196,812	37.9	322,644	62.1
Arkansas	157,095	37.1	266,608	62.9
Louisiana	278,337	38.6	442,067	61.4
Mississippi	176,349	36.7	304,322	63.3
Texas	910,233	39.2	1,414,555	60.8
United States	14,733,230	39.7	22,376,441	60.3

*Percent of all Medicaid recipients in the state. Unknown sex not included in table.

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1998.

Like Alabama and Mississippi, the majority of Medicaid beneficiaries who received medical care in Louisiana were black (59.9%). In Louisiana, 33.2% were white, and 7.0% were of other race/ethnic groups. The race/ethnic group differences seen among the south-central states and between Louisiana and the nation as a whole reflect state-level differences in race/ethnic populations.



Number and Percent of Medicaid Recipients of Medical Care by Race Louisiana, Neighboring States, and United States, Fiscal Year 1998						
State	White*		Black*		Other**	
	Number	Percent	Number	Percent	Number	Percent
Alabama	238,107	45.2	260,790	49.5	28,181	5.3
Arkansas	257,363	60.6	141,972	33.4	25,392	6.0
Louisiana	238,916	33.2	431,382	59.9	50,317	7.0
Mississippi	151,798	31.2	298,883	61.5	35,086	7.2
Texas	645,978	27.8	458,055	19.7	1,220,777	52.5
United States	16,771,976	41.3	9,847,580	24.2	14,029,926	34.5

*Non-Hispanic

**Other includes Native American, Asian or Pacific Islander, Hispanic, and Unknown

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1998

The two tables below present the number and percent of total Medicaid medical care recipients divided into age groups. Fifty percent of Medicaid medical care recipients in fiscal year 1998 were below 15 years of age, reflecting the importance placed on provision of health services to children. The age-group distribution of services in Louisiana was similar to that seen in surrounding states and in the nation as a whole.

Number of Medicaid Recipients of Medical Care by Age Group Louisiana, Neighboring States, and United States, Fiscal Year 1998										
State	Age Group									
	Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	85+	Unknown
Alabama	27,969	111,576	111,380	43,098	93,433	51,573	31,817	30,249	25,309	674
Arkansas	16,248	77,228	93,906	48,658	88,600	34,820	21,708	22,996	19,644	919
Louisiana	57,639	144,132	158,730	64,869	139,767	59,953	36,578	33,406	25,404	137
Mississippi	26,367	90,526	96,034	42,668	95,579	47,702	30,780	28,555	22,461	5,095
Texas	144,065	558,876	574,293	179,470	417,767	148,914	122,019	103,321	76,084	1
United States	1,558,643	6,933,058	8,552,786	3,770,295	8,835,632	3,329,608	1,806,516	1,577,798	1,271,386	3,013,760

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1998

Percent of Medicaid Recipients of Medical Care by Age Group Louisiana, Neighboring States, and United States, Fiscal Year 1998										
State	Age Group									
	Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	85+	Unknown
Alabama	5.3	21.2	21.1	8.2	17.7	9.8	6.0	5.7	4.8	0.1
Arkansas	3.8	18.2	22.1	11.5	20.9	8.2	5.1	5.4	4.6	0.2
Louisiana	8.0	20.0	22.0	9.0	19.4	8.3	5.1	4.6	3.5	0.0
Mississippi	5.4	18.6	19.8	8.8	19.7	9.8	6.3	5.9	4.6	1.0
Texas	6.2	24.0	24.7	7.7	18.0	6.4	5.2	4.4	3.3	0.0
United States	3.8	17.1	21.0	9.3	21.7	8.2	4.4	3.9	3.1	7.4

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1998

The total of payments made to Medicaid vendors for eligible recipients in Louisiana in fiscal year 1998 was over \$2.3 billion. More than 74% of Medicaid funding went to persons who were disabled or were age 65 or over, even though half of all eligible recipients are children.

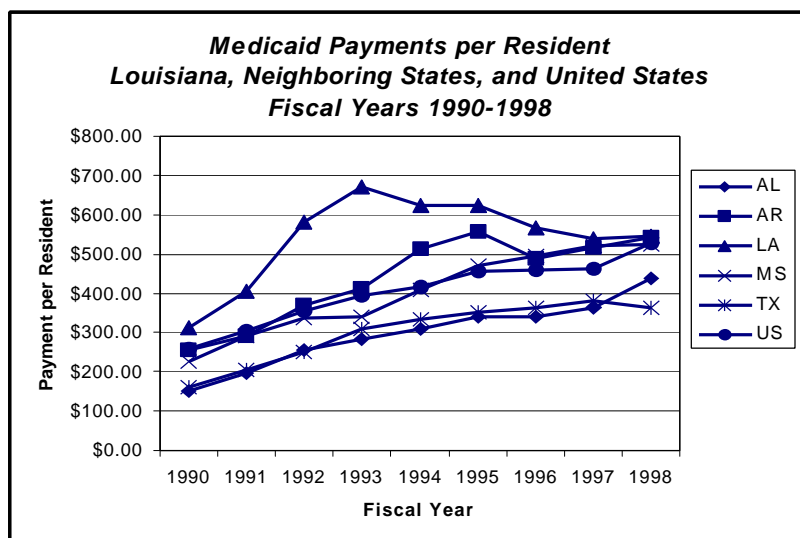


**Medicaid Vendor Payments by Basis of Eligibility of Recipient
Louisiana, Neighboring States, Fiscal Year 1998**

State	Total Payment	Age 65 and Older	Blind/ Disabled	Children	Adults	Other
Alabama	\$1,902,300,047	\$550,365,257	\$597,810,766	\$186,782,542	\$33,684,838	\$533,656,644
Arkansas	\$1,375,797,421	\$430,018,281	\$791,182,772	\$262,322,716	\$99,324,540	(\$207,050,888)
Louisiana	\$2,383,508,985	\$672,322,724	\$1,101,257,511	\$371,500,804	\$238,273,512	\$154,433
Mississippi	\$1,442,373,276	\$415,324,517	\$665,398,149	\$225,920,481	\$119,880,832	\$15,849,297
Texas	\$7,139,928,843	\$2,341,889,852	\$2,484,970,969	\$1,397,377,640	\$871,515,674	\$44,174,708

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1998

In fiscal year 1998, Medicaid funding per state resident was higher in Louisiana than in any of the other south-central states. Medicaid payments averaged \$546.00 per state resident, approximately 3.6% more than the national average of \$527.00 per United States resident. This figure has declined, however, from its 1993 peak of \$670.00 per state resident.



Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1998.

As part of the cost-saving measures available through the Medicaid program, states are making increased use of enrollment of Medicaid beneficiaries in managed care programs. The following table shows the number of enrollees in Medicaid managed care programs from 1996 through 1998. These numbers include individuals enrolled in state health care reform programs that expand eligibility beyond traditional Medicaid eligibility standards.

**Number and Percent of Medicaid Managed Care Enrollees
Louisiana, Neighboring States, and United States, 1996-1998**

State	1996		1997		1998	
	Number of Enrollees	Percent in Managed Care	Number of Enrollees	Percent in Managed Care	Number of Enrollees	Percent in Managed Care
Alabama	56,929	11.4%	407,643	82.0%	362,272	70.9%
Arkansas	143,232	38.6%	159,458	80.9%	186,215	56.0%
Louisiana	44,772	5.6%	40,469	6.4%	40,729	5.4%
Mississippi	35,137	6.9%	81,255	15.0%	153,562	40.0%
Texas	75,776	3.8%	275,951	13.3%	437,898	25.5%
United States	13,330,119	40.1%	15,345,502	47.8%	16,573,996	53.6%

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1998



E. MEDICARE

Medicare is the nation's largest health insurance program, covering over 38 million Americans at a cost of just under \$200 billion. Medicare provides health insurance to people who are at least 65 years old, the disabled, and those with permanent kidney failure. People who receive Social Security or Railroad Retirement benefits are automatically enrolled when they become eligible for Medicare. Others must apply at their local Social Security office.

Medicare has two parts: Hospital Insurance (Part A) and Medical Insurance (Part B). Medicare Part A helps pay for inpatient hospital services, skilled nursing facility services, home health services, and hospice care. Medicare Part B helps pay for doctor services, outpatient hospital services, medical equipment and supplies, and other health services and supplies.

Many Medicare beneficiaries choose to enroll in managed care plans like Health Maintenance Organizations. They can get both Part A and Part B benefits in most managed care plans.

As of March 1, 1998, Louisianans enrolled in the Medicare program numbered 592,543. This number constitutes 14% of the state's population, a percentage similar to that of surrounding states and the nation as a whole.

<i>Percent of State Population Enrolled in Medicare Louisiana, Neighboring States, and United States, 1998</i>	
<i>State</i>	<i>Percent Enrolled</i>
Alabama	15.4
Arkansas	17.1
Louisiana	13.7
Mississippi	14.9
Texas	11.1
United States	14.1

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for 1998



F. PROVIDER SITES

The following pages describe the various health care facilities available to the public throughout the state of Louisiana. These facilities include the state Charity hospital system, small rural and community hospitals, public health clinics, rural health clinics, Federally Qualified Health Centers (FQHCs), developmental centers, mental health clinics, mental health and rehabilitation hospitals, and substance abuse prevention clinics. Other programs such as School-Based Health Centers, Community Care, and Health Maintenance Organizations (HMOs) also are discussed.

State Charity Hospitals

The Louisiana Charity Hospital system currently is being operated by the LOUISIANA STATE UNIVERSITY MEDICAL CENTER. The first Charity Hospital (in New Orleans) was built in 1736. The system was expanded across the State during the administration of Governor Huey Long. Two new medical centers were added in 1978 and 1993, and two were rebuilt in the late 1970s.

Most of the Charity Hospitals are teaching hospitals used to train medical school, graduate, and postgraduate students from the Louisiana State University (LSU) Schools of Medicine and Nursing, as well as other professional educational institutions.

Small Rural and Community Hospitals

Louisiana has a number of very small rural and community hospitals, some publicly and some privately owned. Eight of the State's sixty-four parishes do not have a hospital. As part of the move toward managed care, some of the small rural hospitals and the Charity Hospitals have begun to formalize their long-standing links with the primary care clinics in their regions.

In its Rural Health Care Initiative, the State has appropriated money to support small rural hospitals suffering financial distress. This support has taken the form of grants provided to 34 small rural hospitals (less than 60 beds) for a variety of projects. For example, last year the State awarded grants to a number of these hospitals for the purchase of updated emergency room equipment and physician coverage for the emergency room. Without such support, some of these hospitals would have had to close their emergency rooms.



STATE CHARITY HOSPITALS



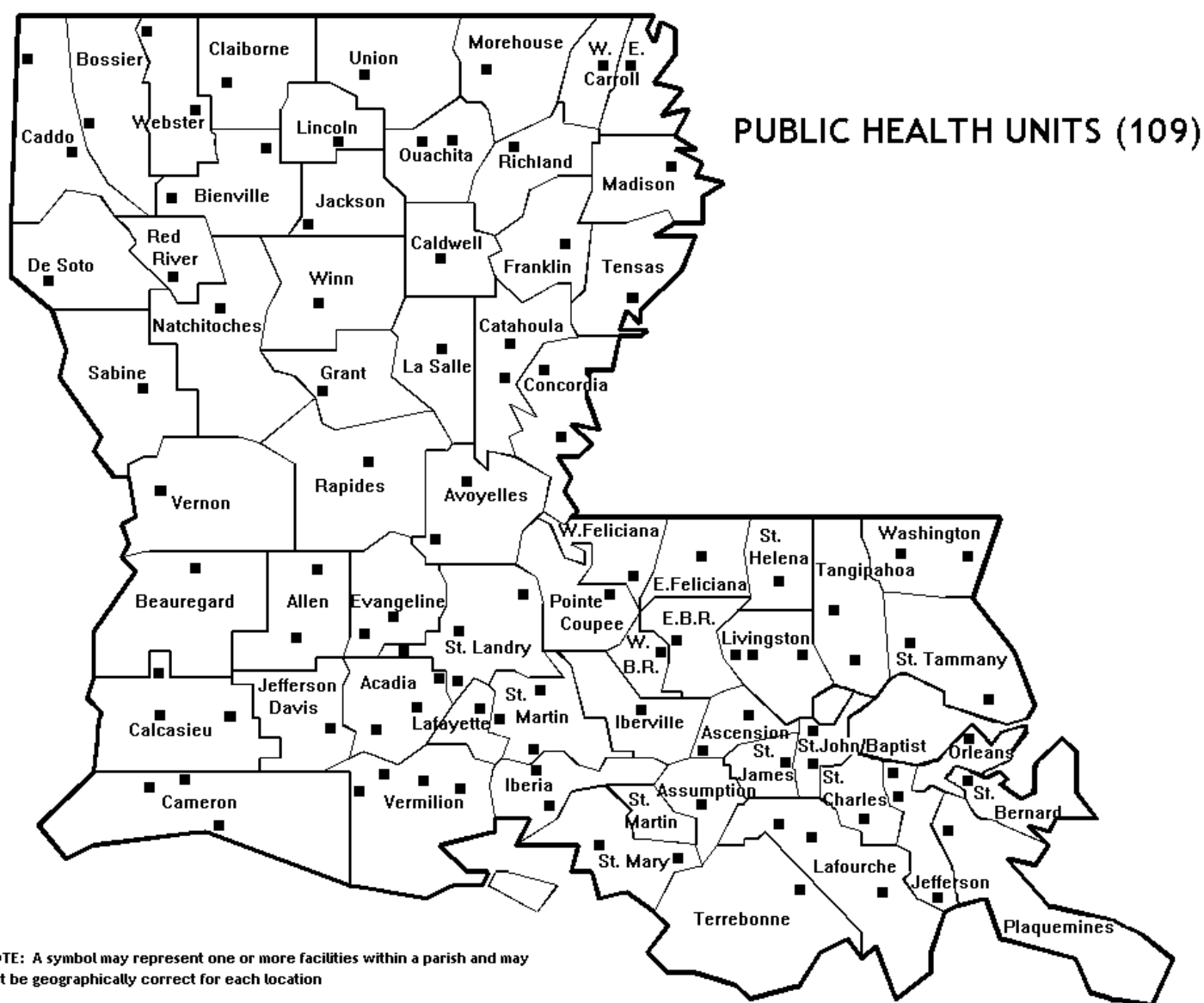
Source: Louisiana Office of Primary Care and Rural Health



Public Health Clinics

LOUISIANA'S DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF PUBLIC HEALTH, currently operates 109 parish health units (see map below). These units provide services in the following areas: immunization, family planning, prenatal care, newborn screening for genetic disorders, well-baby care, nutrition therapy, individual nutrition counseling, genetic evaluation and counseling, early intervention services for individuals infected with HIV, health education, and testing and monitoring of infectious diseases (e.g., tuberculosis, sexually transmitted diseases/HIV/AIDS).

There are 9 Children's Special Health Services Clinics, 1 Family Planning Clinic, 5 Sexually Transmitted Disease Clinics, and 1 Tuberculosis Clinic. In addition, sanitarians working out of the public health units perform inspections and monitoring of the environment as it relates to health risks.

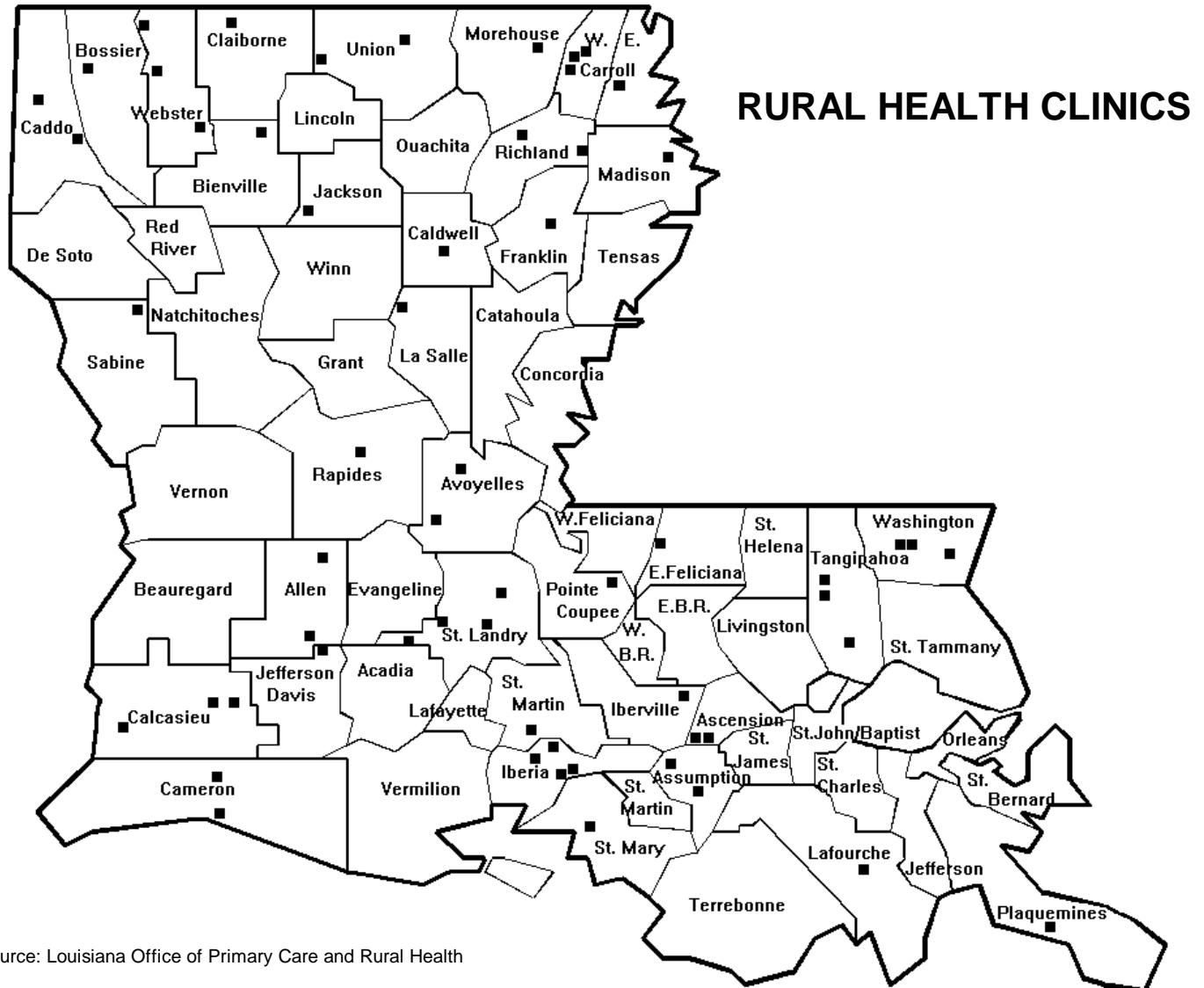


Source: Louisiana Office of Primary Care and Rural Health



Rural Health Clinics

Louisiana has 86 federally designated rural health clinics. These are clinics operating in a rural area designated as “medically underserved” or as a “Health Professional Shortage Area (HPSA).” Rural health clinics must be staffed by one or more physicians and one or more mid-level practitioners, such as physician assistants, nurse practitioners, or certified nurse midwives. Clinics must provide routine diagnostic services, maintain medical supplies, dispense drugs, and have arrangements with local hospitals and other providers for services not available at the clinic.



Source: Louisiana Office of Primary Care and Rural Health

**Community Care**

Community Care is a system of comprehensive health care based on primary care case management (PCCM). Operating in twenty parishes (see map on following page) under a Medicaid 1915 (b) waiver from the federal government, the program is designed to meet the needs of the rural population. It is a freedom of choice waiver program that must demonstrate cost effectiveness. The program links Medicaid recipients in designated parishes with a physician, clinic, Federally Qualified Health Center (FQHC), or rural health clinic that serves as the primary care physician (PCP).

The PCP may be a family practice doctor, internist, pediatrician, rural health clinic, or federally qualified health center. The PCP has total responsibility for managing all facets of the recipient's health care, including education, prevention, maintenance, and acute care. Referral for specialty services is an integral component of Community Care.

The program is operational in twenty rural parishes in Louisiana, with a total of 47,944 enrolled recipients. There are 142 enrolled providers employing a total of 238 physicians. PCPs are paid a primary care management fee of \$3.00 each month for each Community Care recipient for whom they manage care, in addition to the normal fee-for-service reimbursement from Medicaid for services rendered. Without prior authorization or post-emergency authorization from the PCP, Medicaid will not reimburse for services beyond the PCP.

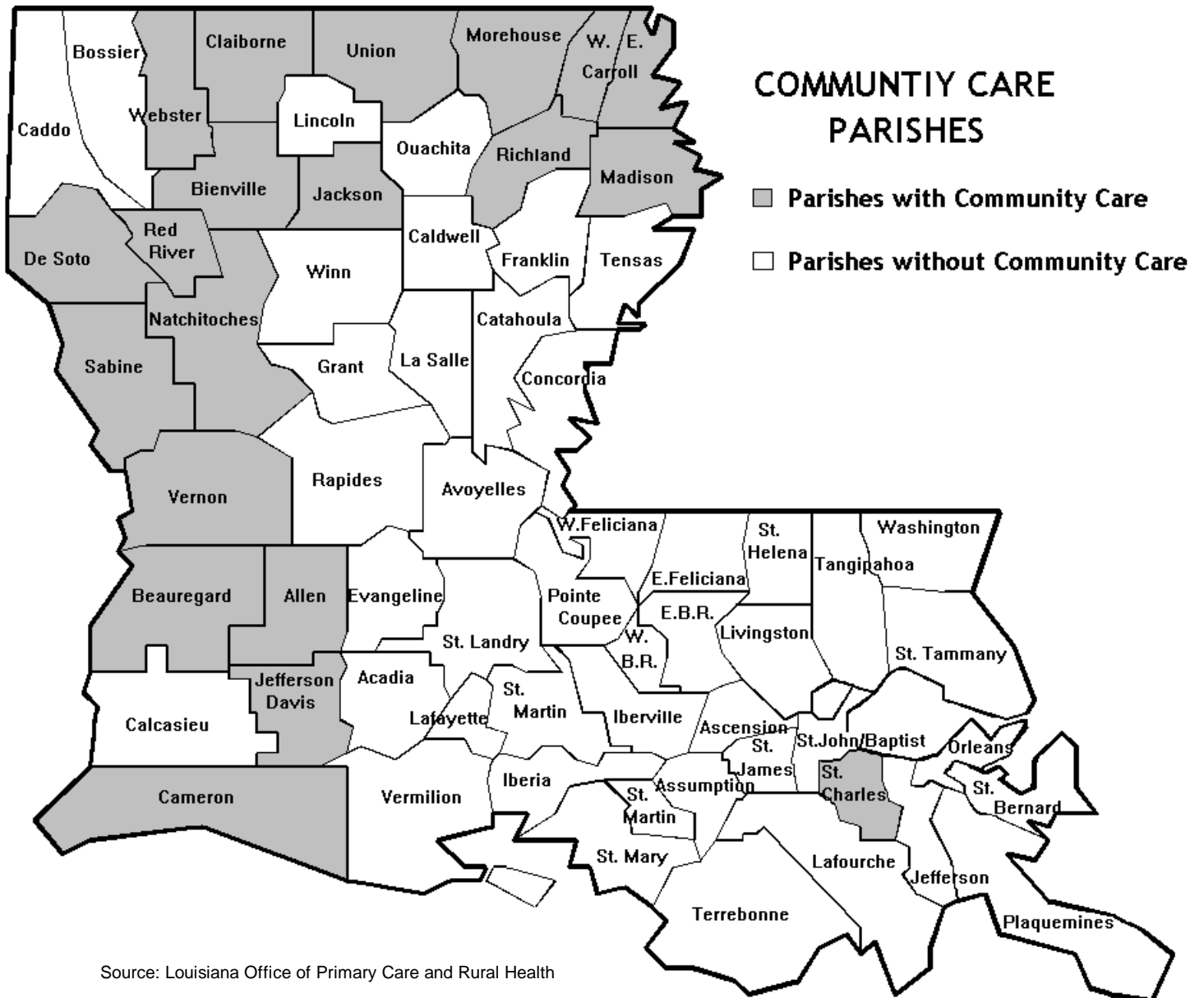
Federally Qualified Health Centers (FQHC)

Louisiana has 12 grantees for community health centers delivering service to 22 sites that are federally supported through grants from the U.S. Public Health Service.

An FQHC (also known as a Community Health Center) is a freestanding health clinic that provides comprehensive preventive and primary care services. In addition to primary care physicians and support staff, FQHC staff may include advanced nurse practitioners, physician assistants, and dentists. Centers also may have social workers or counselors, and there is a growing trend to include psychologists and other mental health and substance abuse services. Services most commonly provided at these centers include preventive health services, well-child services, acute care, perinatal care, family planning, diagnostic laboratory and radiological services, emergency medical services, transportation services, preventive and restorative dental services, and pharmaceutical services.

Several of the FQHCs have formed innovative clinic-based health care networks of both publicly and privately owned entities. The clinic itself offers comprehensive primary care services through private physicians and other providers on a contractual basis. The FQHC shares staff with the OFFICE OF PUBLIC HEALTH'S parish health units and receives referrals from them. The staff at the clinics have formal admitting privileges with private hospitals in the network and informal admitting privileges at some of the Charity Hospitals in their respective areas. The FQHCs also refer patients to the hospital for sub-specialty clinic or inpatient services.

Major health professional education institutions have formal relationships with some of the FQHCs. The relationship involves staffing residents and interns at the clinic for training purposes. Clinic training also is provided to students of a local nursing school and LPN school. Some training also is provided to high school students to encourage them to enter health care professions.

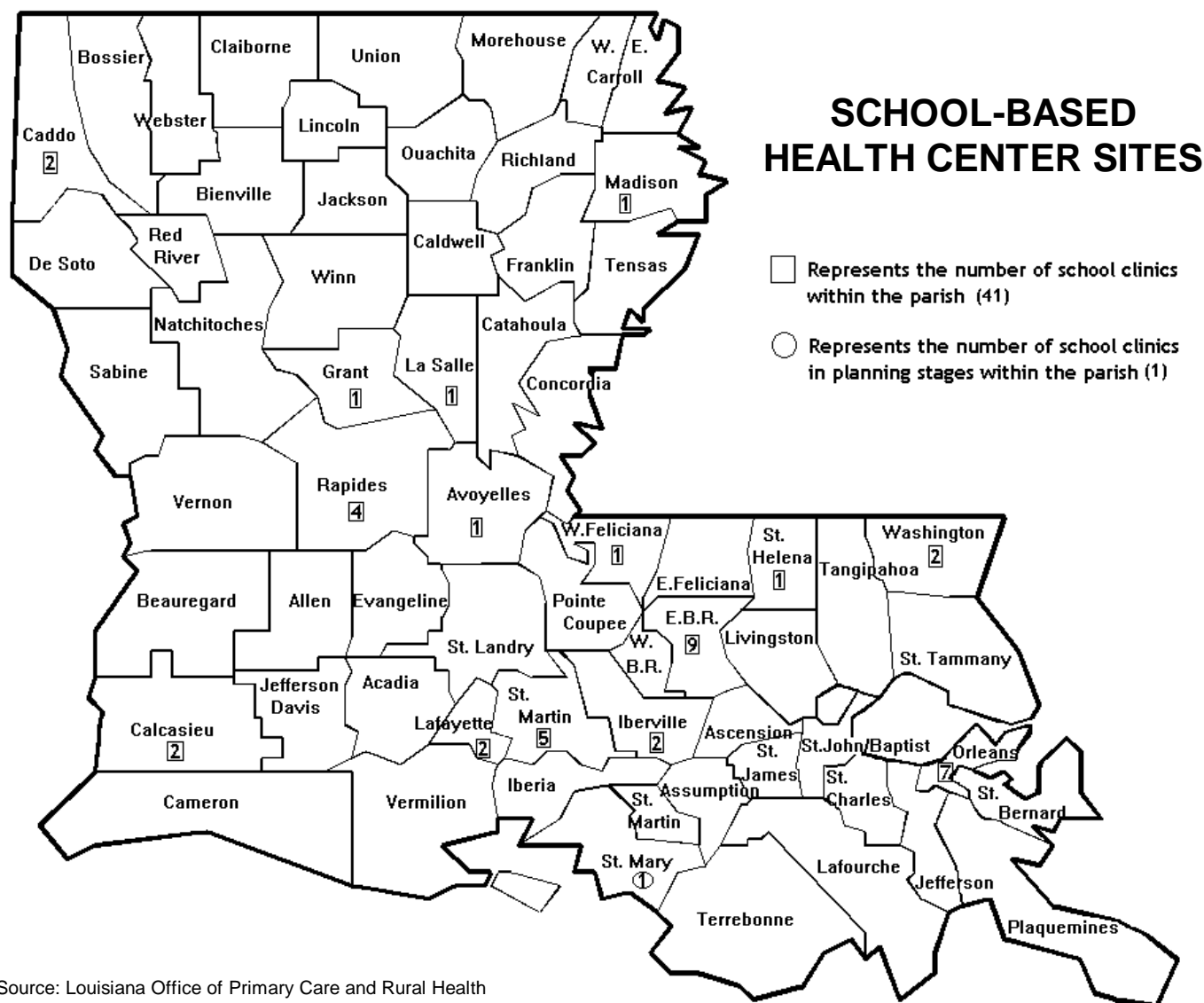




School-Based Health Centers

In response to the Adolescent School Health Initiative authorized by the Louisiana State Legislature in 1991, the DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF PUBLIC HEALTH has funded and provides technical assistance to localities for the establishment and operation of full-service health centers in middle and secondary schools (see map below). Currently there are 41 full time sites and 1 planning site. These programs are operated at the local level by a health or education sponsoring agency under contract with the OFFICE OF PUBLIC HEALTH. The State will continue to pay these centers a portion of their cost.

The centers primarily serve low-income adolescents in rural and medically underserved urban areas. The centers offer primary and preventive physical and mental health care, including health education and counseling services. Each center is staffed at a minimum by a part-time physician, a full-time nurse practitioner or registered nurse with adolescent experience, and a master's level mental health counselor. These centers have been immensely popular with the high-risk adolescent population.



Source: Louisiana Office of Primary Care and Rural Health



Developmental Centers

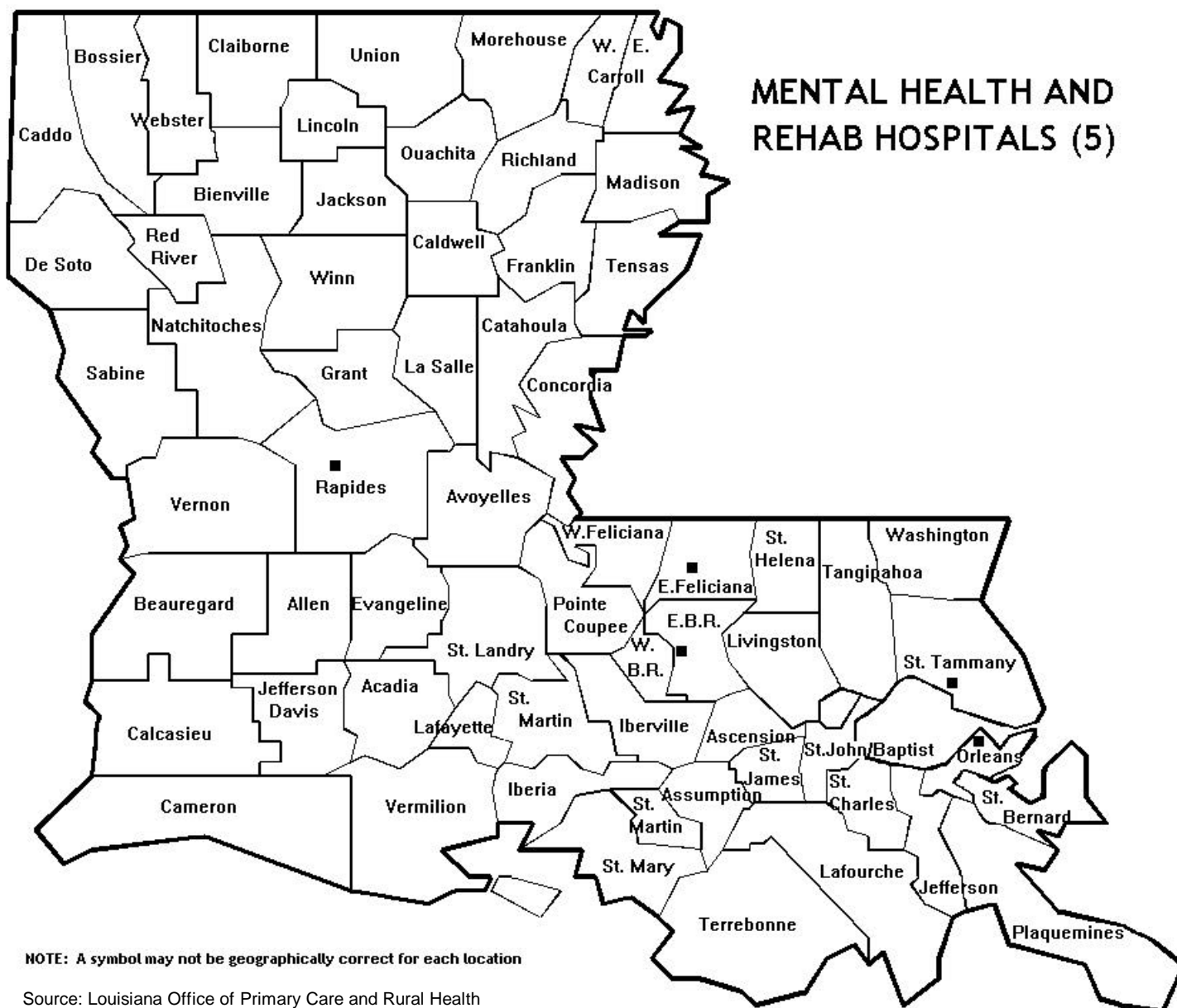
Services and supports for individuals with mental retardation and developmental disabilities are provided by private provider agencies through contractual agreements, as well as through Louisiana's 9 Developmental Centers, which provide 24-hour care and active treatment (see map below). The broad range of services provided includes case management, diagnosis and evaluation, early intervention/infant habilitation, respite, family support, vocational and habilitative services, and residential services (community homes, supervised apartments, and supportive living).





Mental Health Clinics

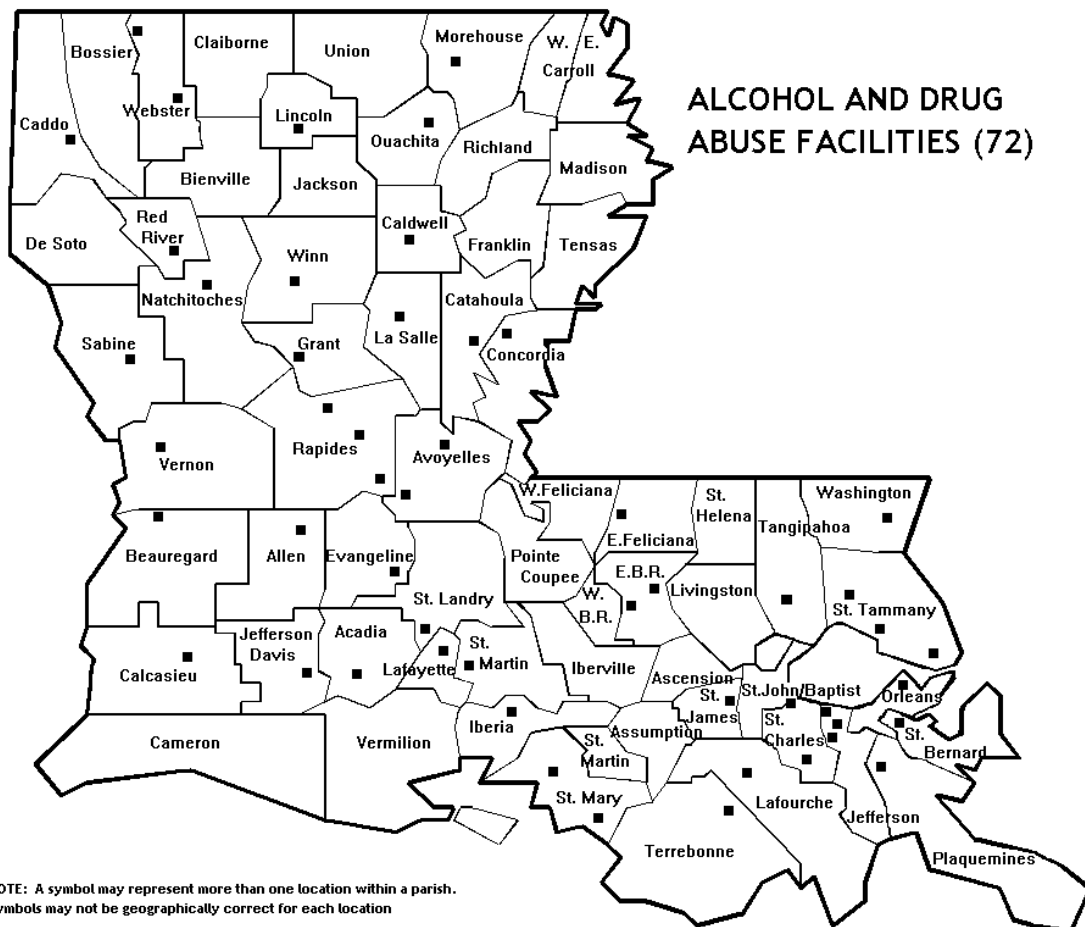
LOUISIANA'S DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF MENTAL HEALTH, either directly or through partnerships with private and university resources, provides an array of community-based and hospital-based services, the range of which is consistent with national models for public mental health care for individuals with serious mental illnesses. Statewide there currently are 43 community mental health centers, 33 outreach sites, 7 acute treatment units, 5 Intermediate/Long-term Care Hospitals, and 1 forensic hospital (see map below). Major service components include crisis response programs, assertive community treatment, family or consumer respite care, traditional clinic-based services, community forensic interventions, hospital-based inpatient intensive and intermediate units, case management, and rehabilitative services.





Substance Abuse Prevention Clinics

LOUISIANA'S DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE FOR ADDICTIVE DISORDERS, through contracts or through an array of community-based and residential programs, provides services and continuity of care for the prevention, diagnosis, treatment, rehabilitation, and follow-up care of alcohol and other drug abuse diseases (see map below). This system is composed of 9 treatment delivery regions, 27 outpatient clinics, 23 satellite clinics, 4 detoxification centers, 8 residential facilities, and 1 pre-release program for adult incarcerated substance abusers.



Source: Louisiana Office of Primary Care and Rural Health

Existing Health Maintenance Organizations

Louisiana currently has 14 licensed health maintenance organizations operating in the State. Under State insurance law, an HMO is defined as any plan delivering basic health benefits for a prepaid fee. Most of the State's HMOs are composed of independent physicians practicing alone or in small medical groups. According to *Health Care State Rankings 1999*⁶, as of 1998, approximately 723,280 (16%) Louisianans were enrolled in health maintenance organizations.

In addition to HMOs, the LOUISIANA MANAGED HEALTH CARE ASSOCIATION lists as members preferred provider organizations (PPOs) and several physician hospital networks (PHOs) operating in the state.

⁶Morgan, K.O. and Morgan, S. (Eds.) 1999. *Health Care State Rankings 1999: Health Care in the 50 United States*. (6th Ed.) Lawrence, KS: Morgan Quitno Press.



G. INVENTORY OF PROVIDERS

Number of Primary Care Physicians by Specialty and Parish Louisiana, 2000							
Parish	Family Practice	General Practice	Infectious Disease	Internal Medicine	Obstetrics & Gynecology	Pediatrics	Total
Acadia	12	5	0	6	3	3	29
Allen	5	1	0	4	0	3	13
Ascension	11	4	0	6	0	4	25
Assumption	5	2	0	0	0	0	7
Avoyelles	7	6	0	3	0	0	16
Beauregard	8	0	0	3	3	1	15
Bienville	1	0	0	1	0	0	2
Bossier	19	3	0	30	9	10	71
Caddo	72	8	2	225	57	71	435
Calcasieu	45	8	0	65	28	24	170
Caldwell	3	1	0	3	0	0	7
Cameron	1	0	0	1	0	0	2
Catahoula	2	1	0	2	0	0	5
Claiborne	8	1	0	0	0	1	10
Concordia	4	2	0	5	2	0	13
DeSoto	1	3	0	1	1	1	7
East Baton Rouge	87	48	1	207	80	87	510
East Carroll	2	1	0	2	0	0	5
East Feliciana	5	7	0	1	0	0	13
Evangeline	4	8	0	7	3	3	25
Franklin	3	0	0	1	0	1	5
Grant	2	1	0	0	1	0	4
Iberia	18	10	0	11	8	9	56
Iberville	8	3	0	7	1	3	22
Jackson	0	0	0	1	0	1	2
Jefferson	49	28	5	345	99	126	652
Jefferson Davis	4	5	0	5	2	2	18
Lafayette	0	19	0	88	39	38	184
Lafourche	23	8	0	22	12	5	70
LaSalle	2	2	0	3	0	0	7
Lincoln	7	3	0	8	3	4	25
Livingston	7	1	0	0	1	1	10
Madison	1	0	0	1	0	1	3
Morehouse	6	5	0	5	2	3	21
Natchitoches	5	3	0	7	1	5	21
Orleans	60	25	3	416	107	193	804
Ouachita	40	18	1	70	16	26	171
Plaquemines	2	2	0	2	0	0	6
Pointe Coupee	7	3	0	3	1	0	14
Rapides	31	3	0	66	17	29	146
Red River	2	1	0	1	0	1	5
Richland	6	2	0	4	1	0	13
Sabine	4	2	0	4	0	1	11
St. Bernard	1	3	0	15	2	5	26
St. Charles	4	1	0	4	1	5	15
St. Helena	2	2	0	1	0	0	5
St. James	6	2	0	2	1	1	12
St. John	6	1	0	5	4	3	19



Number of Primary Care Physicians by Specialty and Parish Louisiana, 2000							
Parish	Family Practice	General Practice	Infectious Disease	Internal Medicine	Obstetrics & Gynecology	Pediatrics	Total
St. Landry	19	8	0	18	10	10	65
St. Martin	6	2	0	1	0	0	9
St. Mary	12	3	0	6	6	4	31
St. Tammany	32	10	1	108	33	55	239
Tangipahoa	19	5	0	20	9	10	63
Tensas	2	0	0	0	0	0	2
Terrebonne	8	7	0	32	11	16	74
Union	1	3	0	6	0	0	10
Vermilion	2	2	0	12	1	1	18
Vernon	6	5	0	6	3	5	25
Washington	12	7	0	11	3	2	35
Webster	2	0	0	1	0	0	3
West Baton Rouge	1	1	0	4	0	1	7
West Carroll	11	4	0	4	3	2	24
West Feliciana	3	1	0	0	0	0	4
Winn	2	3	0	2	0	1	8
Total	746	323	13	1900	584	778	4344

Source: Louisiana Board of Medical Examiners, January 2000

Selected Mental Health Professionals by Parish Louisiana, 2000		
Parish	Psychiatrists	Social Workers*
Acadia	2	7
Allen	0	5
Ascension	0	18
Assumption	0	1
Avoyelles	0	10
Beauregard	0	6
Bienville	0	2
Bossier	2	30
Caddo	41	151
Calcasieu	14	86
Caldwell	0	2
Cameron	0	0
Catahoula	0	0
Claiborne	0	2
Concordia	0	4
DeSoto	1	4
East Baton Rouge	51	541
East Carroll	0	1
East Feliciana	6	12
Evangeline	0	2
Franklin	0	0
Grant	0	4
Iberia	1	15
Iberville	1	10
Jackson	0	3
Jefferson	72	357

*Licensed and residing in Louisiana. Social workers are not required to have a license to work in Louisiana through contract or in private practice.



Selected Mental Health Professionals by Parish Louisiana, 2000		
Parish	Psychiatrists	Social Workers*
Jefferson Davis	1	4
Lafayette	20	165
Lafourche	2	23
LaSalle	0	1
Lincoln	1	14
Livingston	0	24
Madison	0	2
Morehouse	0	2
Natchitoches	0	14
Orleans	180	719
Ouachita	18	94
Plaquemines	1	3
Pointe Coupee	0	2
Rapides	23	115
Red River	0	2
Richland	0	4
Sabine	0	1
St. Bernard	0	13
St. Charles	2	15
St. Helena	0	1
St. James	1	4
St. John	0	11
St. Landry	2	22
St. Martin	0	3
St. Mary	2	8
St. Tammany	31	186
Tangipahoa	3	58
Tensas	0	0
Terrebonne	7	32
Union	0	9
Vermilion	1	14
Vernon	2	6
Washington	1	13
Webster	0	8
West Baton Rouge	0	2
West Carroll	0	1
West Feliciana	1	9
Winn	0	2
Total	490	2879

*Licensed and residing in Louisiana. Social workers are not required to have a license to work in Louisiana through contract or in private practice.

Sources: Louisiana Board of Medical Examiners, January 2000

Louisiana Board of Certified Social Work Examiners, 1998-1999



H. HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA)

Health Professional Shortage Area (HPSA) designations identify areas, populations, or facilities where a lack of providers poses serious barriers to adequate health care. The equitable geographic distribution of health care resources has long been recognized as a problem in the United States, and particularly in the state of Louisiana. Adequate access to health services for all citizens is an important objective of current state and federal policy. Availability of an adequate supply and distribution of health professionals is essential to the ability to access basic health care services, regardless of ability to pay. The redistribution of the supply of health professionals, particularly primary care providers, through the designation of health professional shortage areas (HPSAs) is one method used to attain this goal.

HPSA designations are used to create incentives to improve the distribution and the number of primary care providers in the most critical shortage areas. The HPSA designation methodology was developed to determine exactly where shortages exist, in order to define those areas eligible for participation in the incentive programs. There are approximately 40 federal programs utilizing HPSA designations, some of which are listed below.

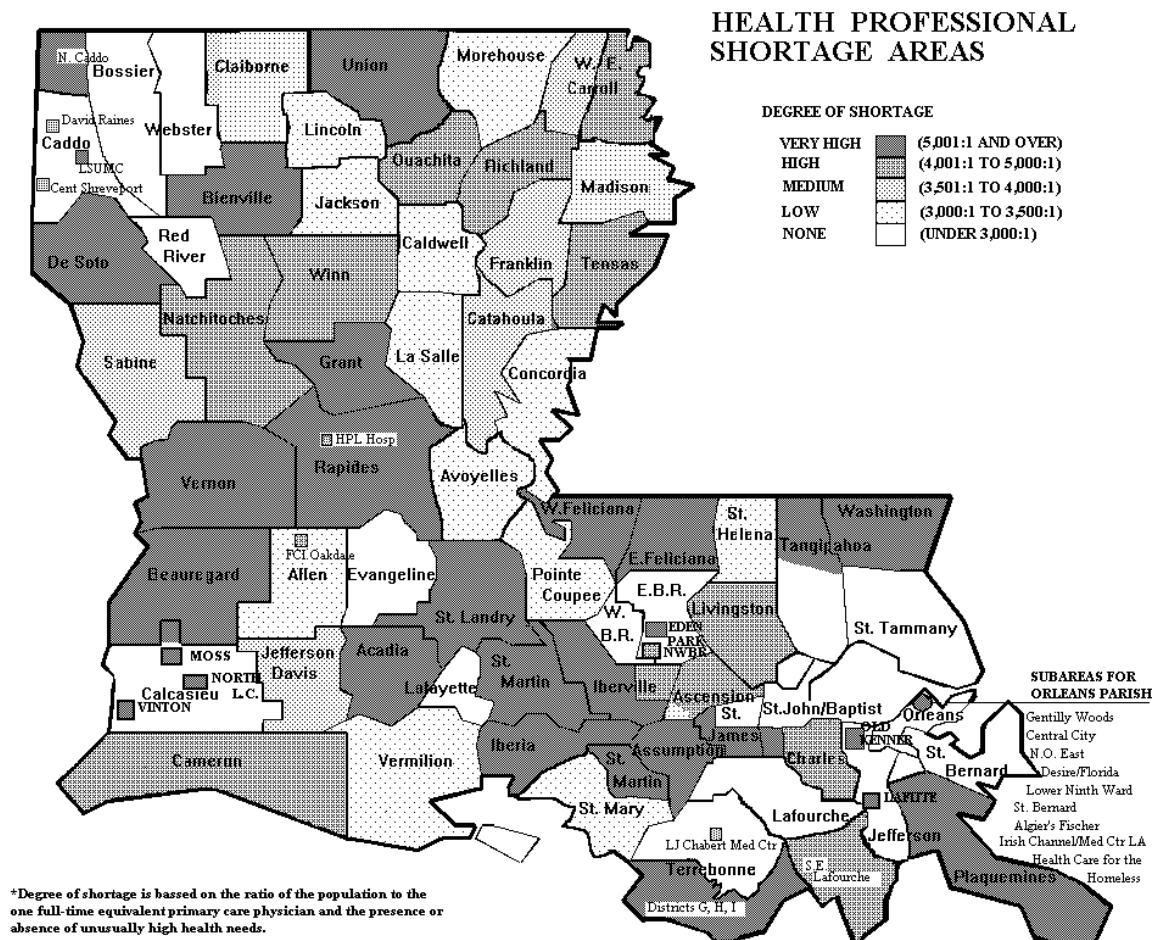
Designation requests and reviews are the responsibility of the DHH, OPH, HEALTH RESOURCE MANAGEMENT staff. After review and analysis, the designation studies and recommendations are forwarded to the DIVISION OF SHORTAGE DESIGNATION in the FEDERAL BUREAU OF PRIMARY HEALTH CARE for determination. Designations of Medically Underserved Areas (MUA) or Medically Underserved Populations (MUP) also provide opportunities for improved distribution of health care resources and improved access. The designation process is similar to the HPSA process described previously.

The following are examples of federal programs utilizing HPSA designations:

- Department of Family Medicine
- Grants to Predoctoral Training in Family Medicine
- Grants for Residency Training in General Internal Medicine/General Pediatrics
- Grants for Physician Assistant Training Program
- Grants for Preventive Medicine Training
- Nurse Practitioner and Nurse-Midwifery Programs
- Nurse Anesthetist Traineeships
- J-1 Visa Waiver Program
- Community and Migrant Health Program
- Grants for Graduate Training in Family Medicine
- Grants for Predoctoral Training in General Internal Medicine/General Pediatrics
- Rural Health Programs
- State Health Programs
- Allied Health Traineeships
- Allied Health Project Grants
- Professional Nurse Traineeships



- Grants for Nurse Anesthetist Faculty Fellowships
- 10% Medicare Bonus Program National Health Service Corps
- Grants for Faculty Development in Family Medicine
- Grants for Faculty Development in General Medicine/General Pediatrics
- Grants for Physician Assistant Faculty Development
- Podiatric Primary Care Residency Training
- Advanced Nurse Education
- Nurse Anesthetist Education Program
- Residency Training and Advanced Education in the General Practice of Dentistry



Source: Louisiana Office of Primary Care and Rural Health



